

**APPLICATION FOR REVIEW OF WELL/SEPTIC PLAN FOR
LOTS, PARCELS, or ACCESSORY DWELLING UNITS**

(to be completed by the owner or authorized agent and submitted to the Carroll County Health Department with three (3) copies of the preliminary plan)

PROPERTY/SUBDIVISION NAME (w/section): _____ **LOT #** (if existing lot): _____
ELECTION DISTRICT: _____ **TAX MAP REFERENCE:** Tax Map: _____ ; Block(s) _____ ; Parcel(s) _____
LOCATION: ☐ North , ☐ South , ☐ East , ☐ West side of _____ (name of road)
_____ feet ☐ North , ☐ South , ☐ East , ☐ West of _____ (name of intersecting road).
USE: ☐ single family residence ☐ two family residence (duplex or accessory dwelling unit) ☐ commercial / industrial

SEND ORIGINAL CORRESPONDENCE TO:

SURVEYOR: _____ **TELEPHONE:** _____
ADDRESS: _____

PLEASE COPY CORRESPONDENCE TO:

PROPERTY OWNER: _____ **TELEPHONE:** _____
ADDRESS: _____

OTHER: _____ **TELEPHONE:** _____
ADDRESS: _____

| LOT, PARCEL, or ACCESSORY DWELLING UNIT INFORMATION | Number | Area |
|---|------------------------|-------------|
| Proposed lot(s)/parcels <u>requiring a record plat</u> (include remainder unless exempted) | _____ lot(s)/parcel(s) | _____ acres |
| Proposed lot(s)/parcel(s) <u>not requiring a record plat</u> (e.g., Off-conveyances) | _____ lot(s)/parcel(s) | _____ acres |
| Proposed Accessory Dwelling Unit and existing house (enter 2 "lots" and total parcel area) | _____ lot(s)/parcel(s) | _____ acres |
| Existing unimproved parcel(s) created <u>as of November 17, 1985*</u> , without Health Dept. approval. | _____ lot(s)/parcel(s) | _____ acres |
| Existing unimproved parcel(s) created <u>after November 17, 1985*</u> , without Health Dept. approval. | _____ lot(s)/parcel(s) | _____ acres |
| Existing unimproved lot(s) created with Health Department approval (provide approval info.) | _____ lot(s)/parcel(s) | _____ acres |
| * Deed documentation is required Total Number and Area of Lot(s)/Parcel(s): | _____ lot(s)/parcel(s) | _____ acres |

WATER SUPPLY: ☐ Public ☐ Private **SEWAGE DISPOSAL:** ☐ Public ☐ Private

Was any portion of this property used as a **Septage/Sludge Dump Site within the past three years?** ☐ Yes ☐ No

Misinformation submitted by applicant may invalidate Carroll County Health Department approvals. Submission of this application authorizes representatives of the Health Department and related governmental agencies to access this property for all required evaluations.

DATE

SIGNATURE ☐ OWNER ☐ AGENT OF OWNER